| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
|  |  |  |  |
| FEE DETERMINATION |  |  |  |
| O.I.P.E. CLASSIFIER |  | 1/2 | 1/9/01 |
| FORMALITY REVIEW | BZ | 897 | 03/01/01 |
| RESPONSE FORMALITY REVIEW | MU | 778 | 12/18/01 |
|  | i2 | Jc900 | 03/94/02 |

## INDEX OF CLAIMS

| | | | |
|---|---|---|---|
| ✔ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| – | (Through numeral)... Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |



BEST AVAILABLE COPY

827
827
373
12/19